

EXHIBIT M
Inmate File, Crew Drug Store Summary
dated October 13, 2004



CREW DRUG STORE Patient: POWELL, DAVID
 MAIN STREET
 ROCKFORD AL 35136 ROCKFORD AL 35136 0000
 Phone: 256-377-4960 DOB: 01/07/1957

Patient IRS/Insurance Summary For The Period 10/13/04 Thru 10/13/04. Rx Number Order.

Drug Name	NDC Number	Rx	N/P	Date	PP	Qty	DS	Doctor	NABP	DEA	Price	Tax	Copay
10LOFT 100MG TAB	00049491066	220056	R01	10/13/04	C	14	14	WEAVER, R	0109404	BW2768022	51.09	.00	51.09
Total Rx's	1	Total Price		51.09							Patient Copay		51.09

Pharmacist signature: *Devi Nadob Ogb (Tech)*
Batu

EXHIBIT N
Inmate File, Crew Drug Store Summary
dated November 1, 2004
through December 20, 2004

CREW DRUG STORE

Patient: POWELL, DAVID

MAIN STREET

ROCKFORD

AL 35136

ROCKFORD

AL 35136 0000

Phone: 256-277-4960

DOB:

01/07/1967

Patient IRS/Insurance Summary For The Period 11/01/04 Thru 12/20/04.

Rx Number Order.

Drug Name	NDC Number	Rx	N/P	Date	PP	Qty	DS	Doctor	NABP	USA	Price	Tax	Copy
CLOFT 100MG TAB	00049491066	220055	R02	11/01/04	C	14	14	WEAVER, R	0109404	BW2768022	51.09	.00	51.09
CLOFT 100MG TAB	00049491066	220056	R03	11/16/04	C	14	14	WEAVER, R	0109404	BW2768022	51.09	.00	51.09
CLOFT 100MG TAB	00049491066	220056	R04	11/30/04	C	7	7	WEAVER, R	0109404	BW2768022	26.56	.00	26.56
CLOFT 100MG TAB	00049491066	220056	N	11/16/04	C	21	14	BARRETT, R	0109404	FC9999991	70.99	.00	70.99
IPROXEN 500MG TA	00069014901	222089	N	12/16/04	C	20	10	BARRETT, R	0109404	FC9999991	41.99	.00	41.99
LEUTEROL 200 INH	55770017300	222135	N	12/17/04	C	17	17	BARRETT, R	0109404	FC9999991	29.09	.00	29.09
IN VI 500MG TAB	57253020110	222135	N	12/17/04	C	28	7	BARRETT, R	0109404	FC9999991	18.29	.00	18.29

Total Rx's: 7 Total Price: 291.03

Patient Copy: 291.03

Pharmacist signature: Leri Nachols (Tech)

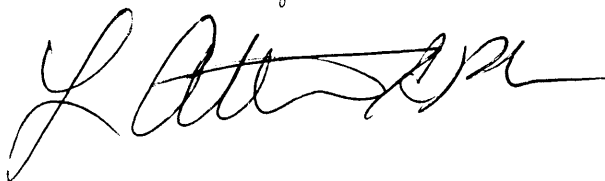



EXHIBIT O
Doctor Visit Form dated December 16, 2004

Coosa County Sheriff's Department

DOCTOR VISIT - RX FORM

DATE 12/16/04

INMATE NAME David Powell

COMPLAINT Med refill

DOCTOR'S NAME James

NUMBER OF PRESCRIPTIONS 4

Med & Deductible given
DO

MR

PriCare, P.A.
BARRLETT, AMY, R:CRNP DEA No 2087 ASC J.S.
P.O. BOX 789, ALEXANDER CITY, AL, 35011-0000
Phone: (256)234-4131 Fax: (256)234-9979

Patient: David Powell CCIN
DOB: 2/13/1957
Address: Po Box 10 Attn: Donna, ROCKFORD, AL 35136
Date: 12/16/2004

Dispense: Zolof 150 mg, sig: 1 tab, Daily, 30 tab, 2 Refill(s).
Dispense: Albuterol-MDI 90 mcg, sig: 2 puffs, Q 4 Hrs prn, 1 MDI, 2 Refill(s).
Dispense: Naprosyn 500 mg, sig: 1 tab, BID take with food, 20 tab, 1 Refill(s).

Disp: Pen Vee K 500 mg, 1 tab po QID X 7 days
#28 refills.

Abanett CRNP *NAB.*
1-084325 AL #2087.

Dispense As Written ☐

☐ Product Selection Permitted

EXHIBIT P
Inmate File, Crew Drug Store Summary
dated December 28, 2004

RECEIVED
U.S. DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
JUL 15 2005

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
IN RE: [REDACTED]
[REDACTED]
[REDACTED]

Latonya J. Thomas, [REDACTED] (Tech)

Latonya J. Thomas

EXHIBIT Q
Inmate File, Crew Drug Store Summary
dated January 18, 2005



CREW DRUG STORE Patient: POWELL, DAVID
 MAIN STREET
 ROCKFORD AL 35136 ROCKFORD AL 35136 0000
 Phone: 256-377-4960 DOB: 01/07/1957

Patient IRS/Insurance Summary For The Period 1/18/05 Thru 1/18/05. Rx Number Order.

Drug Name	NDC Number	Rx	N/R	Date	PP	Qty	OS	Doctor	NABP	DEA	Price	Tax	Copay
11LOFT 100MG TAB	00049491066	222085	R02	01/18/05	C	3	14	BARRETT,	0109404	FC9999991	11.39	.00	11.39
Total Rx's	1	Total Price		11.39							Patient Copay		11.39

Pharmacist signature: Zeni Nachole Ogle (Tech)

EXHIBIT R
Inmate File, Crew Drug Store Summary
dated January 24, 2005

REW DRUG STORE Patient: POWELL, DAVID
 AIN STREET
 ROCKFORD AL 35136 ROCKFORD AL 35136 0000
 Phone: 256-377-4560 MOE: 01/07/1957

atient IRS/Insurance Summary For The Period 1/24/05 Thru 1/24/05.

Rx Number Order.

Drug Name	NDC Number	Rx	N/R	Date	PP	Otv	OS	Doctor	NAEP	DEA	Price	Tax	Copay
LOFT 100MG TAB	00049491056	223041	N	01/24/05	C	14	14	JAMES, WA	0109404	AJ7412101	53.69	.00	53.69
Total Rx's	1	Total Price		53.69							Patient Copay		53.69

Pharmacist signature: Scott Nicholas Cole (Tech)

Scott Nicholas Cole

1-24-05

ME

EXHIBIT S
Inmate File, Doctor Visit Form
dated May 25, 2005

Coosa County Sheriff's Department

DOCTOR VISIT - RX FORM

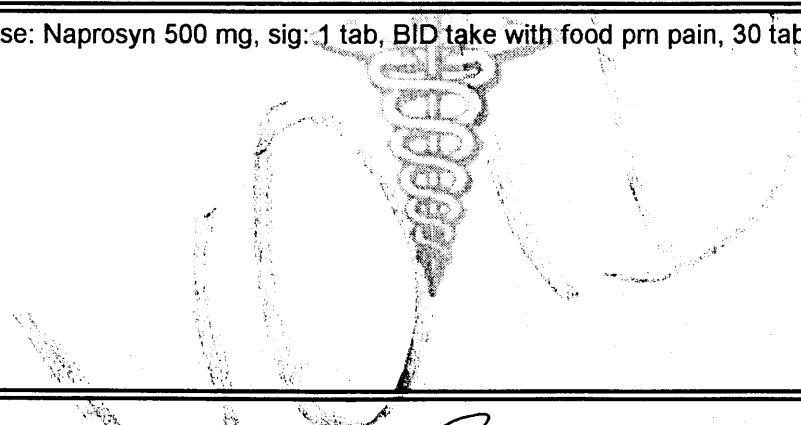
DATE 05/25/05
INMATE NAME DAVID POWELL
COMPLAINT Headache & Leg pain
DOCTOR'S NAME Roach
NUMBER OF PRESCRIPTIONS 1



PriCare, P.A.
ROACH, MAURIN, G.D.O. DEA No BR1545663 ASC
P.O. BOX 789, ALEXANDER CITY, AL, 35011-0000
Phone: (256)234-4131 Fax: (256)234-9979

Patient: David Powell CCIN
DOB: 1/7/1957
Address: Po Box 10 Attn: Donna, ROCKFORD, AL 35136
Date: 5/25/2005

Dispense: Naprosyn 500 mg, sig: 1 tab, BID take with food prn pain, 30 tab, 1 Refill(s).



M. Roach M.D.

Dispense As Written ☐

☐ Product Selection Permitted

Clinical Record No: 204446 Prescription No: 61148

EXHIBIT T
Inmate File, Crew Drug Store Summary
dated May 26, 2005

CREW DRUG STORE Patient: POWELL, DAVID
 MAIN STREET
 ROCKFORD AL 35136 ROCKFORD AL 35136 0000
 Phone: 256-377-4960 DOB: 01/07/1957

Patient IRS/Insurance Summary For The Period 5/26/05 Thru 5/26/05. Rx Number Order.

Drug Name	NDC Number	Rx	N/R	Date	PP	Qty	DS	Doctor	NABP	DEA	Price	Tax	Copay
APROXEN 500MG TA	00093014901	226377	N	05/26/05	C	30	15	ROACH, MA	0109404	BR1545663	62.79	.00	62.79
Total Rx's 1 Total Price 62.79 Patient Copay 62.79													

Pharmacist signature:

Jeri Nichole Ogle (Tech)

[Signature]

[Signature]

[Signature]

EXHIBIT U
Inmate File, Doctor Visit Form
dated June 2, 2005

Coosa County Sheriff's Department

DOCTOR VISIT – RX FORM

DATE 6-2-05

INMATE NAME David Powell

COMPLAINT Tooth ache Dentist

DOCTOR'S NAME Hampton

NUMBER OF PRESCRIPTIONS 1



EXHIBIT V
Inmate File, Initial Examination Form

INITIAL EXAMINATION

NAME

David Howell

MEDICAL
ALERTPERIODONTAL
TREATMENT
PLAN:

Prophy

Root Planing

UR UL

LR LL

REMOVABLE
PROS.
TREATMENT
PLAN:

6-30-05

COMMENTS:

- needs all
milling teeth ext.
and possibly dent
- needs 17, 29, 32
ext marks

B. H. H. H.

PHYSICAL & ORAL EXAM

Chief Complaint		
General Condition of Periodontium		
General Condition of Teeth: SI M. SV.		
Plaque	Bleeding	
Calculus	Recession	
General Condition of Oral Soft Tissue		
Floor of Mouth	Lymph Nodes	Lips
Tongue	Salivary Glands	TMJ
Palate	Cheeks	Frenum

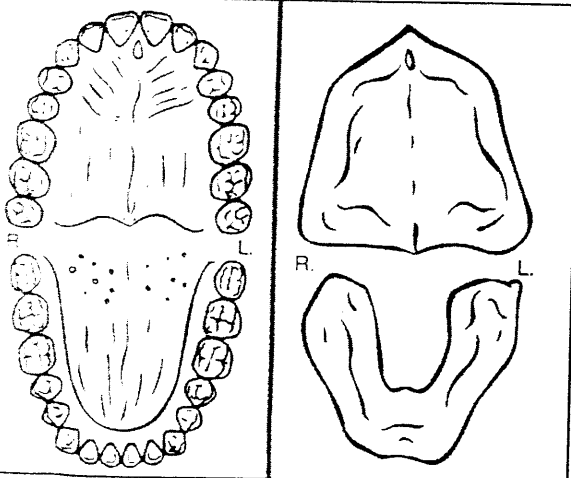


EXHIBIT W
Inmate File, Crew Drug Store Summary
dated June 2, 2005

CREW DRUG STORE Patient: POWELL, DAVID
 MAIN STREET
 ROCKFORD AL 35136 ROCKFORD AL 35136 0000
 Phone: 256-377-4960 DOB: 01/07/1957

Patient IRS/Insurance Summary For The Period 6/02/05 Thru 6/02/05. Rx Number Order.

Drug Name	NDC Number	Rx	N/R	Date	PP	Qty	DS	Doctor	NABP	DEA	Price	Tax	Copay
-CODON/APAP 7.5/	00603388221	226500	N	06/02/05	C	15	3	FOXWORTH, 0109404		BF2724373	10.59	.00	10.59 GENERIC
MOXICILLIN 250MG	55370088407	226501	N	06/02/05	C	28	6	FOXWORTH, 0109404		BF2724373	12.69	.00	12.69 GENERIC
Total Rx's	2	Total Price		23.28							Patient Copay		23.28

Pharmacist signature:

Jenni Rachelle Ogle (Tech)

AK

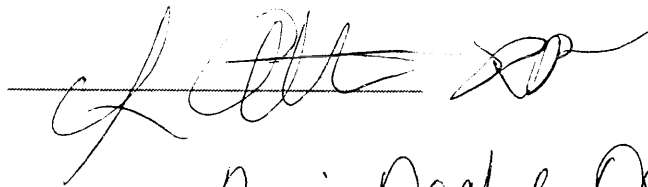
EXHIBIT X
Inmate File, Crew Drug Store Summary
dated June 30, 2005

CREW DRUG STORE Patient: POWELL, DAVID
 MAIN STREET
 ROCKFORD AL 35136 ROCKFORD AL 35136 0000
 Phone: 256-377-4960 DOB: 01/07/1957

Patient IRS/Insurance Summary For The Period 6/30/05 Thru 6/30/05. Rx Number Order.

Drug Name	NDC Number	Rx	N/R	Date	PP	Qty	DS	Doctor	NABP	DEA	Price	Tax	Copay
H-CODONE/APAP 7.5	00603388228	227179	N	06/30/05	C	15	4	FOXWORTH, 0109404	BF2724373		13.99	.00	13.99
Total Rx's	1	Total Price		13.99							Patient Copay		13.99

Pharmacist signature:



Jeni Nachole Ogle (Tech)




EXHIBIT Y
Medication Administration Record

P & L FORMS #3021 (for A03 print programs)

[illegible]

Charting For		Through									
Physician				Telephone No.				Medical Record No.			
Alt. Phys.				Alt. Telephone							
Allergies				Rehabilitative Potential							
Diagnosis								Admission Date			
Medicaid Number		Medicare Number		Complete Entries Checked:							
				By:				Title:		Date:	
Resident Powell David				Birth Date		Resident Code		Room No.		Bed	Facility Code

MEDICATION SHEET - ADMINISTRATION RECORD

P & L FORMS #3021 (for A03 print programs)

Medications	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Zoloft 1 tablet a day	BRN	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

B	1	2	3	4	5	6	7	8	9	10	
L	✓	DP	DP	DP	DP	DP	DP	DP	DP	DP	
S											
BT											
B	11	12	13	14	15	16	17	18	19	20	
L	✓	DP	DP	DP	DP	DP	DP	DP	DP	DP	
S											
BT											
B	21	22	23	24	25	26	27	28	29	30	31
L	✓	DP	DP	DP	DP	DP	DP	DP	DP	DP	
S											
BT											

Charting For		Through	
Physician		Telephone No.	
Alt. Phys.		Alt. Telephone	
Allergies		Rehabilitative Potential	
Diagnosis		Admission Date	
Medicaid Number	Medicare Number	Complete Entries Checked:	
Resident	By:	Title:	Date:
Powell David	Birth Date	Resident Code	Room No.
		Bed	Facility Code

Medications	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
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2010FT

1 TAB A DAY

Pen VK 500mg
1 tab 4x/day

Naproxen 500mg
1 tab w/ food

2 H. biferrae 200
puffs every 4 hrs.
as needed

	1	2	3	4	5	6	7	8	9	10	
B			DP TPL DP	LT DP	TAL DP	AB DP	AB DP		TAL DP		
L											
S											
BT											
	11	12	13	14	15	16	17	18	19	20	
B								TAL DP	LT DP	AB DP	
L								LT DP	CS DP	AB DP	
S								LT DP	LT DP	AB DP	
BT								LT DP	LT DP	BT DP	
	21	22	23	24	25	26	27	28	29	30	31
B	AB DP	TAL DP	TAL DP	AB DP	AB DP	CS DP	TAL DP	LT DP	AB DP	AB DP	TAL DP
L	AB DP	TAL DP	LT DP	AB DP	AB DP	CS DP					
S	CS DP	LT DP	LT DP	AB DP	AB DP	CS DP					
BT	AB DP	LT DP	LT DP	AB DP	AB DP	CS DP					

Charting For Through

Through

Medical Record No.

Alt. Telephone

Rehabilitative
Potential

Admission Date

Date:

Facility Code

Lowell David

P & L FORMS #3021 (for A03 print programs)

[illegible]

MEDICATION SHEET - ADMINISTRATION RECORD

P & L FORMS #3021 (for A03 print programs)

[illegible]

Medications	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
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BFA	/	/	/	/	/	/	/	/
Sapper	/	/	/	/	/	/	/	/

codon

[illegible]

Amoxicillin

Breast			✓	✓	✓	✓	✓	✓	✓	✓
Noon			✓	✓	✓	✓	✓	✓	✓	✓
Dinner			✓	✓	✓	✓	✓	✓	✓	✓
At home			✓	✓	✓	✓	✓	✓	✓	✓

Charting For		Through	
Physician		Telephone No.	Medical Record No.
Alt. Phys.		Alt. Telephone	
Services		Rehabilitative Potential	
Diagnosis			Admission Date

Medicaid Number	Medicare Number	Complete Entries Checked:						
		By:	Title:				Date:	
Resident	Powell, David		Birth Date	Resident Code	Room No.	Bed	Facility Code	
				C201				

P & L FORMS #3021 (for A03 print programs)

[illegible]

EXHIBIT Z
Inmate File, Inmate Request Form
dated June 22, 2005

COOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: DAVID POWELL CELL: C 104

DATE: JUNE 22/05 TIME: 11:36 AM

Please check one of the following:

☒ Medical ☐ Commissary ☒ Grievance ☐ Other

Briefly state your request or list your commissary items below"

I ASK TO SEE A DOCTOR OVER A MONTH
AGO. ABOUT THE NUMBNESS + PAIN IN MY ARM
+ SHOULDER + NECK.

I ASK TO SEE A DENTIST ALSO WHICH
HIMSELF SAID THAT ~~IF~~ I NEED TO COME
BACK TO EXEACTEON OTHER TEETHS.

I ~~ASK~~ TO SEE A DOCTOR FOR MY ANTI-
DEPRESSION MEDICATION.

Inmate's signature David Powell

Do not write below—for reply only

YOU WERE TAKEN TO DENTIST 6/2/05 AND WILL RETURN
FOR ADDITIONAL EXTRACTIONS

YOU WERE TAKEN TO THE DOCTOR 5/25/05 - AT THAT TIME THE
DR. DID NOT FIND REASON TO PRESCRIBE ANTI DEPRESSANTS.

Signature of Jail Officer receiving original request:

JP
6/22/05

EXHIBIT AA
Inmate File, Disciplinary Report

COOSA COUNTY JAIL DISCIPLINARY REPORT

NAME OF INMATE: David Lowell

DATE OF OCCURRENCE: 5/15/05

JAILER ON DUTY: Cpl. Bradley

INCIDENT: Mr Lowell stated "he was going
to turn over the Motherfucking lunch
Cut - "He had not like his lunch -

DAMAGE TO PROPERTY (LIST ITEMS AND APPROX. VALUE)

OFFICER: Cpl. Bradley

APPROVED BY:

LT. WILSON [Signature]

SGT. ROBERSON [Signature]

ACTION TAKEN:

Shes in Holdy'